

# DRAFT Guidance for the consultative professional relationship between

an oral health therapist, dental therapist, dental  
hygienist, or orthodontic auxiliary, and dentist/dental  
specialist

## Contents

Introduction.....	3
The consultative professional relationship .....	3
Responsibilities of practitioners .....	4
Establishing and maintaining a consultative professional relationship .....	5
Guidance for the consultative professional relationship discussions between an oral health practitioner and dentist.....	6

DRAFT

## Introduction

Oral health therapists, dental therapists, dental hygienists and orthodontic auxiliaries are registered oral health practitioners who practise as part of the dental team, and work collaboratively with other oral health practitioners and health practitioners to provide comprehensive care to the benefit of patients' overall health.

The Dental Council (the Council) describes a scope of practice for each profession. The activities each oral health practitioner may perform, commensurate with their education, training and competence, are set out in the scope of practice that applies to their profession.

The scopes of practice for oral health therapists, dental therapists, dental hygienists and orthodontic auxiliaries practising in New Zealand (OHPs) require them to have a **consultative professional relationship** with one or more dentist(s) and/or dental specialist(s). For the purposes of this guidance the terms 'OHP/s' and 'dentist' will be used to collectively describe these different groups.

## Purpose

This guidance explains the nature of the consultative professional relationship and the responsibilities of practitioners in it. It also provides direction for practitioners when establishing a consultative professional relationship.

## The consultative professional relationship

The Council envisages a team approach in providing oral health care where practitioners work collaboratively for the benefit of patients' overall health. When delivering care to a patient, each member of the dental team has their own unique set of skills and competencies, within their scope of practice, to contribute.

A patient's presenting condition, or their treatment or management needs, may fall outside the education, skills, competence, experience, or scope of practice of a particular practitioner. Each practitioner has a duty of care to recognise these situations and seek professional advice or assistance, or refer appropriately.

The consultative professional relationship is the arrangement between an OHP and dentist to provide professional advice about treating and managing patients, within the OHP's scope of practice. It provides a clear and reliable way for OHPs to seek advice, and a potential pathway for referral.

The consultative professional relationship is founded on the willingness of the parties to communicate openly and respectfully, and to work in a collegial and collaborative way, each recognising the other's scope of practice and expertise while working to enhance patient outcomes.

To enable the dentist to give appropriate advice the OHP needs to inform the dentist of the particulars of their scope of practice and their level of knowledge, skills and experience, including any conditions or exclusions on their scope of practice.

When an OHP needs advice it would usually be sought from the dentist in the consultative professional relationship. However, an OHP may also seek advice or assistance from other health practitioners or refer to them.

## Responsibilities of practitioners

### Providing care

- All OHPs are personally responsible and accountable for the decisions they make and the care they provide for their patients.
- When activities are outside the OHP's knowledge or skills, the OHP is responsible for seeking professional advice or assistance; this may result in referral.
- Particular circumstances may be identified through discussion between the dentist and the OHP in which it is anticipated that the OHP would seek advice. For example:
  - the interpretation of complex medical histories and their potential significance when providing oral health care, including when planning to administer local anaesthetic
  - when the patient's care plan requires input from both the oral health practitioner and the dentist in order to provide comprehensive and appropriate care
  - when anticipated treatment outcomes have not been met.
- The practitioner offering the professional advice is obliged to give timely advice, appropriate to the practising environment.
- When decisions related to the diagnosis, planning and care of patients are made based on the professional advice given, the dentist and OHP are jointly accountable for the standard of those decisions.
- Both the practitioner seeking advice and the practitioner giving advice are responsible for keeping independent, accurate and up-to-date records of advice sought, provided, and received.

### Practising conditions

- Dental hygienists and oral health therapists have a consultative professional relationship with a dentist or dental specialist. Some orthodontic activities in these scopes of practice are only practised as directed by the dentist or dental specialist who is responsible for the patient's clinical care outcomes and is on-site at the time.
- Dental hygienists registered with a limited scope of practice (previously registered dental auxiliaries) practise all their scope activities under the direction of the dentist or dental specialist who is responsible for the patient's clinical care outcomes and who is on-site at the time.

In this arrangement the dentist carries out the initial dental and periodontal examination and prepares the dental hygiene care plan.

The Council advises hygienists registered with a limited scope of practice to publicly display their annual practising certificate, so patients are made aware of the care they can provide.

- Orthodontic auxiliaries have a consultative professional relationship with a dentist or dental specialist and practise all their scope activities under the direction of the dentist or dental specialist who is responsible for the patient's clinical care outcomes and who is on-site at the time. .

In this arrangement the dentist prepares the treatment plan for the patient before the orthodontic auxiliary performs any procedures.

- Dental therapists registered to provide care for patients 18 years of age and over (i.e. registered in the adult care scope of practice) have a consultative professional relationship with a dentist or dental specialist. Depending on their qualification, dental therapists practise the adult care scope either:
  - a) Within the consultative professional relationship, OR
  - b) Within the consultative professional relationship AND under the clinical supervision of a dentist or dental specialist who is responsible for the patient's clinical care outcomes and is on-site at the time.

### **Access to medicine**

- An OHP is responsible for ensuring an appropriate standing order is in place with a dentist, to enable them to administer or supply a patient with prescription medicines, when appropriate and within their scope of practice.

The dentist is responsible for ensuring that medicines supplied to an OHP are being administered and/or supplied to patients in a safe and effective manner, and appropriately documented.

The [Ministry of Health website](#) has guidelines to assist practitioners to comply with the regulatory requirements of standing orders.

### **Establishing and maintaining a consultative professional relationship**

When establishing a consultative professional relationship, it is anticipated that the OHP and dentist will discuss their individual and shared responsibilities within the relationship, and develop some agreed processes to ensure:

- the OHP has access to timely advice from the dentist when needed
- the dentist or dental specialist is on-site when the OHP's scope activities require it.
- the relationship is workable from all practitioners' perspectives, taking into account their particular scopes of practice, practice contexts, and working styles.

Further guidance follows which may be useful to assist practitioners' discussions about establishing and maintaining a consultative professional relationship.

Council anticipates that the OHP and dentist will reliably meet their responsibilities in the consultative professional relationship. For this reason, a signed written agreement is not required.

Practitioners may still prefer to record the positions reached and the processes developed through their discussion, but this is not mandatory.

## Guidance for the consultative professional relationship discussions between an OHP and dentist

- Be collegial and collaborative when establishing a consultative professional relationship, to ensure the relationship works from all practitioners' perspectives.
- Acknowledge that OHPs are required to have a consultative professional relationship with a dentist to meet their scope of practice requirements.
- Confirm the willingness of the dentist to provide advice or assistance, for the OHP
- Acknowledge the need for the OHP to inform the dentist of the particulars of their scope of practice, and their level of knowledge, skills and experience including any conditions or exclusions on their scope of practice.
- Consider whether the dentist's scope of practice enables them to give advice related to the specific OHP's scope of practice, or whether additional practitioners might need to be included in the consultative professional relationship for certain aspects of clinical care.
- Confirm that the dentist holds a current APC and does not have any conditions on their scope of practice that could limit their ability to give advice or assistance to the OHP.
- Consider the individual and shared responsibilities of practitioners in the consultative professional relationship, as outlined in this guidance, and come to an agreed understanding of these.
- Identify any specific circumstances where you expect the OHP will ask for professional advice or assistance, for example:
  - The interpretation of complex medical histories and their potential significance when providing oral health care, including when planning to administer local anaesthetic
  - When the patient's care plan requires input from both the OHP and the dentist in order to provide comprehensive and appropriate care
  - When anticipated treatment outcomes have not been met.
- Consider and agree on the preferred form of communication for consultation – e-mail, text messaging, telephone, face-to-face?
- Discuss and agree on an understanding of 'timely advice', for example, would advice be received on the same day as it was sought?
- Be prudent regarding availability for advice when the OHP is a new graduate – recognise the need for added support for this group of practitioners.
- Consider and agree on the alternative arrangements if a practitioner in the consultative professional relationship is unavailable to give advice, for example, if they are on holiday or unwell.
- Acknowledge that the oral health therapist, dental therapist and dental hygienist may seek advice or assistance, or refer, to a dentist outside the consultative professional relationship.
- Develop a process to manage referrals from the OHP in the consultative professional relationship, and referrals from the dentist to the OHP.

- Confirm the existence of, or establish, a standing order to enable the OHP to administer and/or supply a patient with prescription medicines, when appropriate and within their respective scope of practice.
- Consider and agree on a process to enable access by the OHP to prescription medicines prescribed by the dentist, when appropriate and within their scope of practice, for example, antibiotics for the management of infection, or antibiotic prophylaxis for at-risk patients before treatment.
- Acknowledge that the professional relationship will evolve over time, and changes may be necessary. Consider and agree on a time period for review of the consultative professional relationship.

***Additionally, for dental therapists registered in the adult care in dental therapy scope practice and dentists***

Depending on the dental therapist's qualifications adult care in dental therapy practice is provided either:

- a) within a consultative professional relationship, OR
- b) within a consultative professional relationship and with the dentist or dental specialist who is responsible for the patient's clinical care outcomes on-site at the time.

When care is provided solely within a consultive professional relationship (a):

- Consider and agree on a process for the dentist in the consultative professional relationship to provide general oversight of the clinical care outcomes of the adult patient group.

***Additionally, for dental hygienists and dentists***

- Consider and agree on a process for the dentist in the consultative professional relationship to provide general oversight of the clinical care outcomes of the hygiene patient group. This may involve review of the periodontal status of the patients receiving hygiene care at intervals that are appropriate for the individual patient

***Self-referred patients<sup>1</sup>***

- Develop a process to manage self-referred patients, including a method for:
  - Ensuring the dental hygienist consults with a dentist when the patient's medical history is complex or significant, as this may have implications for care
  - Recommending that self-referred patients see a dentist for an overall care plan within each twelve-month period
  - Providing the patient's regular dentist (where applicable) with updated details of the hygiene treatment provided.
  - Discussing with the patient's regular dentist (where applicable) matters relating to the periodontal care of their patients, for example, in the circumstance where the dental hygienist considers referral of the patient to a periodontist is needed.

---

<sup>1</sup> A self-referred patient is someone who requests treatment from an oral health therapist or dental hygienist without being referred by a dentist

*Referrals from dentists outside the practice to the dental hygienist*

- Develop a process for managing patients referred by dentists from outside the practice to the dental hygienist, including a method for:
  - Providing the referring dentist with updated details of the hygiene treatment provided.
  - Discussing with the referring dentist matters relating to the periodontal care of their patient, for example, in the circumstance where the dental hygienist considers referral of the patient to a periodontist is needed.

*Use of laser technology*

- Where laser technology is available, its potential use by the dental hygienist for only the removal of calculus and for bleaching procedures may be discussed, including any training the dental hygienist has received in laser use.
- The dental hygienist is responsible for ensuring they are sufficiently educated and trained in laser technology to enable them to provide:
  - The necessary information to the patients to ensure informed consent
  - Competent and safe care which is appropriate for the patient's particular circumstances.
- It is anticipated that the dentist or dental specialist who is responsible for the patient's clinical care outcomes would be on-site at the time laser technology is being used by a dental hygienist or oral health therapist.

DRAFT